

Promoting Healthy Adolescent Relationships: Addressing Adolescent Relationship Abuse in School Based Health Centers

Rebecca Dick, MS
Children's Hospital of Pittsburgh of UPMC

Virginia Duplessis, MSW
Futures Without Violence



DISCLOSURE INFORMATION

- In the past 12 months, we have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
- We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.



Learning Objectives

This workshop will teach attendees how to enhance their skills in working with youth to promote healthy relationships and prevent, assess for, and intervene in adolescent relationship abuse (ARA). The session provides research-validated training, tools, and resources to help providers (medical and mental health providers, health educators, adolescent health center managers) to address ARA.

As a result of attending this session, participants will be better able to:

- Understand best practices and resources for healthy relationship promotion and adolescent relationship abuse assessment and intervention.
- Be able to evaluate their own program using a quality assessment/quality improvement tool and a research-validated client exit survey.



Adolescent Relationship Abuse (ARA)

A pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of the same or opposite sex in the context of a dating or similarly defined relationship, in which one or both partners is a minor.



Group Discussion

**What do we know
about the impact
of adolescent
relationship
abuse on health?**



5

FUTURE'S
WITHOUT VIOLENCE®

ARA negatively impacts meeting adolescent health program goals such as:

- Reducing unplanned pregnancy
- Preventing sexually transmitted infections/HIV
- Reducing unprotected sex
- Promoting health and safety, including mental health



6

FUTURE'S
WITHOUT VIOLENCE®

What Happens at School for These Teens?

- Victims and perpetrators are **more likely** to carry weapons, as well as engage in physical fighting and other high risk behaviors.
- Physical and sexual victimization is associated with an **increased risk** for school dropout, lower grades, and less connectedness to school.



(Goldstein et al, 2009; Champion et al, 2008; Banyard & Cross, 2008)

FUTURES
WITHOUT VIOLENCE®

7

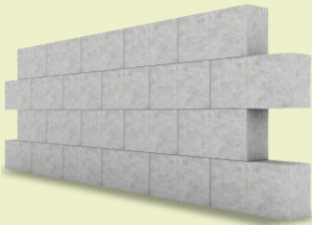
Young women tell us that controlling reproductive health is used as a tool for abuse

“He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn't care. He got me pregnant on purpose, and then he wanted me to get an abortion.”

FUTURES
WITHOUT VIOLENCE®

Barriers to Identifying and Addressing ARA

- Providers identified the following barriers:
 - Comfort levels with initiating conversations
 - Feelings of frustration with patients when they do not follow a plan of care
 - Not knowing what to do about positive disclosures
 - Worries about mandatory reporting
 - Lack of time



9

FUTURES
WITHOUT VIOLENCE®

Assessment or Education?

- Few adolescents report experiences of violence to adults, and adolescents make up a small proportion of clients utilizing domestic violence services. (Black et. al, 2008; Foshee et. al, 2000)
- Goal may be education about relationship abuse and that the adolescent health program is a safe place to discuss these issues



FUTURES
WITHOUT VIOLENCE®

Promoting Healthy Relationships

Every adolescent clinical encounter is an opportunity to:

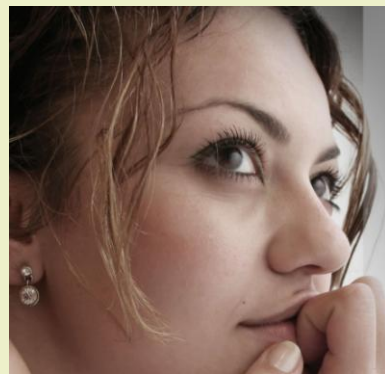
- convey prevention education messages about healthy relationships
- share with youth that the clinical space is safe and confidential
- identify and support youth who may be experiencing controlling and abusive behaviors in their relationships



FUTURE'S
WITHOUT VIOLENCE[®]

**“I talk about this with
all my patients...”**

**Providing Universal
Education on
Healthy Relationships**



FUTURE'S
WITHOUT VIOLENCE[®]

Adolescent Health Programs: Opportunity for Prevention AND Intervention

Healthcare Education, Assessment & Response Tool for Teen Relationships (H.E.A.R.T.):

- 1) Linking education about relationship abuse and adolescent health concerns (universal anticipatory guidance and assessment)
- 2) Discuss harm reduction behaviors
- 3) Raise awareness of victim advocacy services relevant for youth

Funding: Office of Juvenile Justice and Delinquency Prevention Programs



Healthy Relationships Educational Card Intervention

(Funding: DOJ and HHS, ACF and OWH)



Intervention Elements

- Review limits of confidentiality
- Provide universal education on healthy relationships
- Discuss youth-friendly ARA resources
- Offer support, validation, and harm reduction strategies if abuse is disclosed
- Make a warm referral to ARA advocacy services

15


 The logo for 'FUTURES WITHOUT VIOLENCE' features the word 'FUTURES' in a bold, white, sans-serif font above the words 'WITHOUT VIOLENCE' in a smaller, white, sans-serif font. The text is contained within a dark green rectangular box with rounded corners.

Guidelines For Universal Education

- **How Often Should You Educate?**
 - At least annually and with each new partner
- **When Should You Provide Universal Education?**
 - During any health appointment including sports physicals
- **Where Should You Provide Education?**
 - When the patient is by him/herself without parents, partners, or friends present
- **Who Should Receive Education About Healthy Relationships?**
 - Every teen regardless of gender or sexual orientation should learn about healthy relationships

16


 The logo for 'FUTURES WITHOUT VIOLENCE' features the word 'FUTURES' in a bold, white, sans-serif font above the words 'WITHOUT VIOLENCE' in a smaller, white, sans-serif font. The text is contained within a dark green rectangular box with rounded corners.

How to Introduce the Card:

- "We started giving this card to all our patients so they know how to get help for themselves or so they can help others."
- (Unfold card and show it) "See, it's kind of like a magazine or online quiz."



17

FUTURES
WITHOUT VIOLENCE®

Sam Parts 1 & 2



18

The following video clips demonstrate providing universal education on healthy relationships during an adolescent health visit

FUTURES
WITHOUT VIOLENCE®

Video Debrief

- What worked well in this video? What would you change?
- Do you talk to your adolescent male patients about how to respect girls?
- Do you talk to your female patients about what they deserve from their male partners?
- How can you see using this card in your practice?

19


 The logo for 'FUTURES WITHOUT VIOLENCE' is located in the bottom right corner of the slide. It features the word 'FUTURES' in a bold, white, sans-serif font above the words 'WITHOUT VIOLENCE' in a smaller, white, sans-serif font. The text is set against a dark green rectangular background with rounded corners.

What About Respect?

Anyone you're with (whether talking, hanging out, or hooking up) should:

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and ask if it's ok to touch or kiss you (or whatever else).

How would you want your best friend, sister, or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.

20


 The logo for 'FUTURES WITHOUT VIOLENCE' is located in the bottom right corner of the slide. It features the word 'FUTURES' in a bold, white, sans-serif font above the words 'WITHOUT VIOLENCE' in a smaller, white, sans-serif font. The text is set against a dark green rectangular background with rounded corners.

Everybody Texts

Getting a lot of texts can feel good—“Wow, this person really likes me.”

What happens when the texts start making you uncomfortable, nervous, or they keep coming nonstop?

Figuring out what to say can be hard, especially if you like the person.

Be honest. “You know I really like you, but I really don’t like it when you, text me about where I am all the time or pressure me for naked pics.” For more tips on what to say go to: www.thatsnotcool.com.

21



How to Help a Friend

Do you have a friend who you think is in an unhealthy relationship?

Try these steps to help them:

- Tell your friend what you have seen in their relationship concerns you.
- Talk in a private place, and don’t tell other friends what was said.
- Show them www.loveisrespect.org and give them a copy of this card.
- If you or someone you know is feeling so sad that they plan to hurt themselves and/or wish they could die—get help.

Suicide Hotline: 1-800-273-8255

22



Supported Referral

- Adolescent health providers are key to help youth contact resources
 - Annotated referral list for violence related community resources that serve adolescents
 - Providers should know names of staff, languages spoken, how to get there on public transportation, etc.
- Educate patients that the clinic is safe place for them to connect to such resources
- Normalize the use of referral resources



Outcome: Increased awareness and utilization of DV/SA victim services

FUTURES
WITHOUT VIOLENCE®

23

Olivia: Pregnancy Test



The following video clip demonstrates an approach to integrated reproductive coercion during a pregnancy test visit.

FUTURES
WITHOUT VIOLENCE®

24

Video Debrief

- What worked well?
- What would you change?
- Were there some other questions that should have been asked?

25

The logo for 'FUTURES WITHOUT VIOLENCE' features the word 'FUTURES' in a bold, white, sans-serif font above the words 'WITHOUT VIOLENCE' in a smaller, white, sans-serif font. The text is contained within a dark green rectangular box with rounded corners. A small red dot is positioned above the 'S' in 'FUTURES'.

FUTURES
WITHOUT VIOLENCE



Experiences in the field

- School Health Center Healthy Adolescent Relationship Program (SHARP) study

SHARP Study



Cluster-randomized trial in 8 school health centers (SHCs) in California

Intervention components:

- clinicians/staff received 3-hour training on intervention and introduced to local victim service advocates
- healthy relationships card distributed with every clinic visit
- direct assessments for sexual health related visits
- student outreach teams lead ARA awareness

Funding: National Institute of Justice
2011-MU-MU-0023

Sample characteristics



Demographics	n=1008 % (n)
Race/Ethnicity	
Asian	15.5 (156)
African American or Black	27.1 (273)
Hispanic or Latina/Latino	36.5 (368)
Native American/Pacific Islander	5.1 (51)
White	5.2 (52)
Other/Multi-racial	10.7 (108)
Grade	
9	17.3 (175)
10	22.7 (229)
11	26.3 (266)
12	32.3 (326)
Other	1.5 (15)
Nativity	
Born in the U.S.	86.1 (868)
Born outside the U.S.	13.9 (140)

Cyber Dating Abuse



- **Data:** Baseline data from this School Health Center Healthy Adolescent Relationships Program (SHARP) RCT
- **Sample:** Youth ages 14-19 seeking care in 8 school-based health centers in California (n=1008)
- **Measure:** Assessed using 7 items that asked about abusive behaviors occurring within a dating relationship using technology

Cyber Dating Abuse



- 41% report recent (past 3 month) cyber dating abuse experiences
 - 45% females
 - 31% males
- Associations with physical or sexual ARA
 - low frequency AOR 2.8 (95% CI 1.8, 4.4)
 - high frequency AOR 5.4 (95% CI 4.0, 7.5)

Cyber Dating Abuse



Cyber Dating Abuse Perpetrated by a Partner	Total (n=1008) % (N)	Male (n=239) % (N)	Female (n=769) % (N)	P value ¹
tried to get you to talk about sex when you did not want to	8.0 (80)	5.5 (13)	8.8 (67)	0.15
asked you to do something sexual that you that you did not want to do	8.0 (80)	4.2 (10)	9.1 (70)	0.07
posted or publicly shared a nude or semi-nude picture of you	1.5 (15)	2.1 (5)	1.3 (10)	0.43
repeatedly contacted you to see where you were/who with	28.4 (286)	20.5 (49)	30.9 (237)	0.01
made mean or hurtful comments	14.7 (148)	11.0 (26)	15.9 (122)	0.09
spread rumors about you	7.0 (70)	6.7 (16)	7.0 (54)	0.74
made a threatening or aggressive comment to you	7.8 (78)	7.6 (18)	7.8 (60)	0.92
Partner a Requested Sexual Images (not Cyber Dating Abuse)				
asked you to send nude or semi-nude pictures of yourself	29.0 (291)	17.6 (42)	32.6 (249)	0.01

¹Wald Log-Linear Chi-Squared test, adjusted for clinic-level clustering

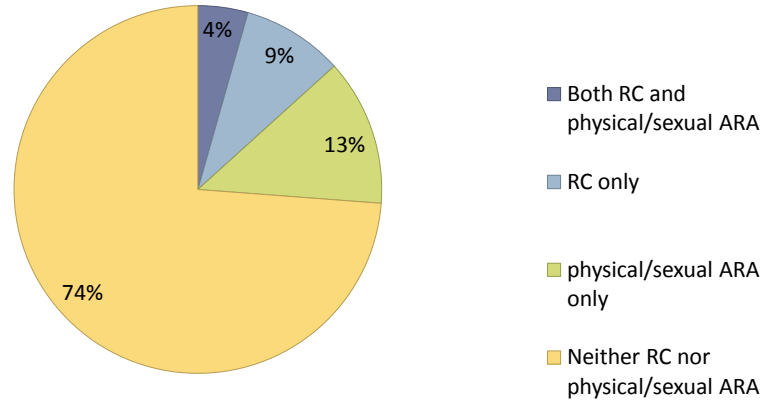
Dick RN et al. Cyber dating abuse among teens using school-based health centers. Pediatrics 2014; 134(6): e1560-e1567

Reproductive Coercion



- 13% reported a recent (past 3 month) experience of reproductive coercion by a partner
- Most common experiences:
 - told not to use any birth control (8%)
 - partner tried to force or pressure to become pregnant (4%)
 - partner took off condom so that would get pregnant (4%)

Overlap between Reproductive Coercion and Physical/Sexual ARA



RCT Results

A School Health Center Intervention for Abusive Adolescent Relationships: A Cluster RCT

Elizabeth Miller, MD, PhD^{a,b}, Sandi Goldstein, MPH^c, Heather L. McCauley, ScD^{a,b}, Kelley A. Jones, MPH^{a,b}, Rebecca N. Dick, MS^{a,b}, Johanna Jetton, BS^c, Jay G. Silverman, PhD^d, Samantha Blackburn, RN, MSN, PNP^{a,d}, Erica Monasterio, RN, MN, FNP-BC^e, Lisa James, MS^b, Daniel J. Tancredi, PhD^f

PEDIATRICS Volume 135, number 1, January 2015

Results



- Increased recognition of what constitutes sexual coercion
- Increased awareness of ARA resources
- Among youth with recent ARA victimization, less ARA victimization reported at three month follow up
- Increased likelihood of disclosing any ARA to the provider during clinic visit

Results



TABLE 2 Intervention Effects Among Entire Sample

Study Outcomes ^a	Baseline			Follow-up		Primary Analyses		Posthoc Analyses	
	Intervention, Mean (SD)	Control, Mean (SD)	<i>P</i> ^b	Intervention, Mean (SD)	Control, Mean (SD)	Adjusted Intervention Effect, AMD (95% CI)	<i>P</i>	Intensity Score Effect, AMD (95% CI)	<i>P</i>
Recognition of ARA	3.94 (0.63)	3.87 (0.69)	<.01	4.06 (0.62)	3.90 (0.73)	0.10 (-0.02 to 0.22)	.11	0.06 (-0.06 to 0.17)	.34
Recognition of sexual coercion	4.25 (0.69)	4.22 (0.71)	.57	4.38 (0.66)	4.24 (0.78)	0.10 (0.01 to 0.18)	.02	0.07 (-0.06 to 0.20)	.29
Intentions to intervene	4.03 (0.84)	4.08 (0.82)	.45	4.06 (0.79)	4.07 (0.81)	0.03 (-0.09 to 0.15)	.62	0.02 (-0.10 to 0.13)	.74
Knowledge of ARA resources	1.78 (0.89)	1.74 (0.90)	.82	2.22 (0.86)	2.00 (1.00)	0.18 (-0.06 to 0.42)	.14	0.25 (0.11 to 0.39)	<.01
Use of ARA resources	0.47 (0.57)	0.28 (0.53)	.09	0.57 (0.66)	0.31 (0.58)	0.07 (-0.06 to 0.21)	.30	0.13 (-0.003 to 0.26)	.06
Self-efficacy to use harm reduction behaviors ^{c,d}	—	—	NA	4.33 (0.64)	4.17 (0.69)	0.09 (-0.42 to 0.61)	.66	0.33 (0.06 to 0.60)	.02

Results



TABLE 3 Intervention Effects Among Participants Experiencing Recent ARA at Baseline

Study Outcomes ^a	Baseline			Follow-up		Primary Analyses		Posthoc Analyses	
	Intervention, Mean (SD)	Control, Mean (SD)	<i>P</i> ^b	Intervention, Mean (SD)	Control, Mean (SD)	Adjusted Intervention Effect, AMD (95% CI)	<i>P</i>	Intensity Score Effect, AMD (95% CI)	<i>P</i>
Recognition of ARA	3.91 (0.61)	3.90 (0.61)	.84	4.04 (0.59)	3.89 (0.66)	0.14 (0.01 to 0.27)	.04	0.13 (0.01 to 0.26)	.04
Recognition of sexual coercion	4.27 (0.64)	4.27 (0.64)	>.99	4.38 (0.73)	4.25 (0.73)	0.12 (-0.01 to 0.25)	.07	0.09 (-0.09 to 0.26)	.34
Intentions to intervene	3.99 (0.83)	4.10 (0.80)	.36	4.06 (0.75)	4.10 (0.81)	0.06 (-0.09 to 0.21)	.41	0.05 (-0.13 to 0.22)	.61
Knowledge of ARA resources	1.83 (0.92)	1.76 (0.88)	.70	2.30 (0.81)	1.96 (0.97)	0.26 (0.09 to 0.43)	<.01	0.33 (0.13 to 0.53)	<.01
Use of ARA resources	0.59 (0.59)	0.36 (0.60)	.08	0.69 (0.70)	0.36 (0.59)	0.10 (-0.04 to 0.24)	.16	0.14 (-0.02 to 0.30)	.09
Self-efficacy to use harm reduction behaviors ^{c,d}	—	—	NA	4.35 (0.63)	4.16 (0.73)	0.15 (-0.46 to 0.75)	.56	0.32 (-0.07 to 0.70)	.11
	Intervention, Mean (SD)	Control, Mean (SD)	<i>P</i> ^b	Intervention, Mean (SD)	Control, Mean (SD)	Adjusted Intervention Effect, AOR (95% CI)	<i>P</i>	Intensity Score Effect, AOR (95% CI)	<i>P</i>
Use of any harm reduction behaviors ^{c,e}	—	—	NA	110 (63.6)	145 (62.2)	1.00 (0.54 to 1.85)	>.99	1.19 (0.60 to 2.35)	.62

Results



TABLE 4 Adjusted Intervention Effects on Recent Abuse Victimization Among Those Who Had and Had Not Experienced Victimization at Baseline

Abused at baseline	Baseline ^a		Follow-up		Primary Analyses		Posthoc Analyses	
	Intervention (n = 172), No. (%)	Control (n = 225), No. (%)	Intervention (n = 172), No. (%)	Control (n = 225), No. (%)	Adjusted Intervention Effect, MRD (95% CI)	<i>P</i>	Intensity Score Adjusted, MRD (95% CI)	<i>P</i>
ARA ^b	172 (100)	225 (100)	111 (64.5)	179 (79.6)	-0.17 (-0.21 to -0.12)	<.0001	-0.21 (-0.27 to -0.16)	<.0001
Cyber dating abuse	156 (90.7)	207 (92.0)	106 (61.6)	171 (76.3)	-0.15 (-0.22 to -0.09)	<.0001	-0.19 (-0.27 to -0.11)	<.0001
Physical or sexual abuse	41 (23.8)	70 (31.1)	27 (15.7)	53 (23.6)	-0.07 (-0.12 to -0.01)	.02	-0.12 (-0.19 to -0.04)	<.01
Not abused at baseline	Intervention (n = 205), No. (%)	Control (n = 217), No. (%)	Intervention (n = 205), No. (%)	Control (n = 217), No. (%)	Adjusted Intervention Effect, MRD (95% CI)	<i>P</i>	Intensity Score Adjusted, MRD (95% CI)	<i>P</i>
ARA ^b	0 (0)	0 (0)	80 (39.0)	83 (38.3)	0.01 (-0.06 to 0.08)	.73	0.03 (-0.05 to 0.10)	.50
Cyber dating abuse	0 (0)	0 (0)	72 (35.1)	81 (37.3)	-0.03 (-0.08 to 0.02)	.30	-0.02 (-0.09 to 0.04)	.43
Physical or sexual abuse	0 (0)	0 (0)	15 (7.3)	16 (7.4)	-0.02 (-0.04 to -0.001)	.04	-0.02 (-0.04 to -0.002)	.03

Discussion



- When implemented as intended the SHARP intervention was associated with increases in knowledge of ARA, use of ARA resources and self-efficacy to use harm reduction strategies
- We also found, among youth reporting recent ARA at baseline, significant improvements in recognition of ARA and knowledge of ARA resources
- The SHARP intervention had significant protective effects for youth who already ARA victims at baseline

SHARP exit survey



- Contains 16 questions
 - 2 questions about presence/absence of discussions
 - 2 questions about the *Hanging Out or Hooking Up* card
 - 2 questions about ARA and ARA disclosure
 - 5 questions about presence/absence of specific conversations
 - 5 questions assessing their attitudes towards the SHC & intervention
- Took SHC patients, on average, 4 minutes to complete

SHARP exit survey results Children's Hospital of Pittsburgh of UPMC Adolescent Medicine

- very positive about ARA education in the clinic visit:
 - 93% of students 'strongly agreed' or 'agreed' that it is helpful for health care providers to talk about healthy and unhealthy relationships
- Among students who reported receiving the *Hanging Out or Hooking Up* safety card:
 - 90% said receiving [the card] helped them know how to help someone in an unhealthy relationship



SHARP findings on ARA assessment: 1 question vs multiple

		Multi-question ARA measurement	
		No ARA	Yes ARA
1 question ARA measurement	No unhealthy relationships	49.6% (471)	31.9% (303)
	Yes unhealthy relationships	4.8% (46)	13.7% (130)

Discussion



- Exit survey tool may not be able to capture multifaceted measures of abuse, but it is very good for assessing performance and client opinions
- How could you utilize these evaluation tools?

Evaluation Toolkit



Promoting Healthy Adolescent Relationships using the *Hanging Out or Hooking Up* Guidelines and Safety Cards

Evaluation Toolkit

Description of Program

The *Hanging Out or Hooking Up Guidelines* are focused on the transformative role of the adolescent health care provider in preventing, identifying and addressing adolescent relationship abuse (ARA). The procedures outlined in the *Hanging Out or Hooking Up* guidelines, including the use of the *Hanging Out or Hooking Up* palm-sized safety card, are to be used universally. They are inclusive of all genders, sexual orientations, and clinic visit types. Therefore, to evaluate this program, we start with the goal that all adolescents be given anticipatory guidance and universal education on safe, consensual and healthy relationships. This goal will be evaluated with the Client Exit Survey. Additionally, responding to adolescent relationship abuse may require clinical policy and practice changes so that your setting is capable of offering ARA screening and counseling as one of its clinical services to patients. This kind of system-level response to ARA can be evaluated using the Quality Assessment/Quality Improvement tool.

Description of the Research Study

The School Health Center Healthy Adolescent Relationships Program (SHARP) study is funded by the National Institute of Justice and implemented by Sandi Goldstein and Alison Chapel with the California Adolescent Health Collaborative, Dr. Elizabeth Miller (researcher at the University of Pittsburgh), the California School Health Centers Association, and Futures Without Violence (a national non-profit violence prevention organization). This community-partnered participatory study worked with high school health centers to test, via a 2-armed cluster randomized controlled trial, a multi-level intervention using the *Hanging Out or Hooking Up* guidelines to reduce ARA among adolescents ages 14-19. Intervention effects were tested using a baseline (pre-clinic visit) survey, the Client Exit Survey, and a 3 month follow-up survey.

Components of the Evaluation

The evaluation toolkit consists of the Client Exit Survey along with guidelines for its use, an example procedure for survey administration, and a data entry and analysis tool to summarize the survey results. The *Hanging Out or Hooking Up* Quality Assessment/Quality Improvement (QA/QI) tool helps organizations implement and evaluate their coordinated response to ARA using a checklist format.

In the toolkit you will find the following:

Document File Name	File Format
1_SHARP Client Exit Survey	Word
2_Guidelines for Survey Administration, Data Entry and Analysis	PDF
3_Example Procedure for Administering the Client Exit Survey	Word
4_SHARP Client Exit Survey Data Entry and Analysis TEMPLATE	Excel
5_Hanging Out or Hooking Up QA QI tool FILLABLE FORM	PDF

Purpose of this Evaluation Toolkit


To provide school health centers and other settings providing adolescent health care with the opportunity to evaluate the effectiveness of their program using previously tested tools.

Exit Survey

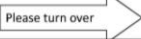
CLIENT EXIT SURVEY

Thank you for taking our survey today. Your answers are anonymous, meaning no names are attached to your answers. In order for your answers to be most helpful to us, please be as honest as you can.

1. Today, did your health care provider talk with you about healthy and unhealthy relationships?
 - No
 - Yes
 - Don't Know
2. Today, did your health care provider review what they mean by the term "confidential" and the reasons they may have to break that confidentiality?
 - No
 - Yes
 - Don't Know
3. Today, did your health care provider give you a wallet sized card (pictured below) about adolescent relationship abuse and sexual assault and where to get help?
 - No
 - Yes
 - Don't Know



4. Did receiving this card or other violence information increase your understanding about how to help someone being hurt by a sexual partner?
 - No
 - Yes
 - Don't Know
 - Not applicable, I did not receive the card
5. Have you ever experienced an unhealthy relationship or been hurt by a sexual partner?
 - No
 - Yes
6. Today, did you tell your health care provider this?
 - No
 - Yes
 - Not applicable, I've never experienced an unhealthy relationship or been hurt by a sexual partner

Please turn over 

Example procedure

Example Procedure for Administering the SHARP Client Exit Survey

In a nutshell:

- The survey will run for 2 weeks from June 9 through June 20
- The CHWs will give out the survey
- The Reception Station or the Check Out Assistant will collect them
- The Reception Station or the Check Out Assistant will give them a ticket to enter a raffle for \$25.00 gift card to Target
- Clients need to be told that it is voluntary, anonymous, and will not affect the services they receive

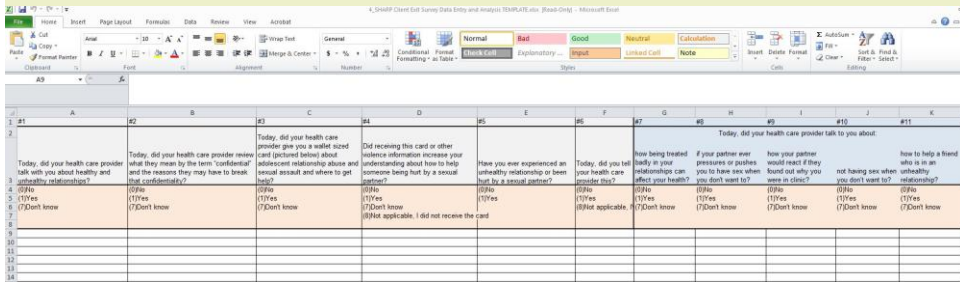
Here's the procedure:

1. The CHW will hand the client the survey towards the end of visit, before they go to the Reception Station. The client can either complete the survey in the exam room or out in the lobby, if appropriate.
 - a. Here is a draft script for the CHW – these points must be made to the client:

We would like you to complete a survey about one of the services we offer here. The survey is totally voluntary, whether you complete it or not will not change how you will be treated or the cost of your services. It is also anonymous; we will not be able to connect you to your answers. If you do decide you want to do the survey, we are having a raffle for a \$25.00 gift card to Target. If you want to be in the raffle, put your first name and phone number on the ticket. DO NOT PUT YOUR NAME ON THE SURVEY. Thank you.
2. The client will take the completed survey to the Reception Station. The staff person will ask them to fold their survey in half and put it in the large envelope.
3. The staff person will then ask them if they want to put their name into the raffle. If they do, ask them to put only their FIRST name and phone number on the ticket. The ticket then goes into the small envelope.
4. The staff person will tell the client that the drawing will be held July 7th or 8th and they will be notified if they are the winner.

Thank the client all along the way, whether they do the survey or not!

Data entry and analysis



#1	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3	Today, did your health care provider give you a wallet sized card (pictured below) about adolescent relationship abuse and sexual assault and where to get help?	Today, did your health care provider ask you what they mean by the term "confidential" and the reasons they may have to break that confidentiality?	Today, did your health care provider give you a wallet sized card (pictured below) about adolescent relationship abuse and sexual assault and where to get help?	Did receiving this card or other written information increase your understanding about how to help someone being hurt by a sexual partner?	Have you ever experienced an unhealthy relationship or been hurt by a sexual partner?	Today, did you tell your health care provider this?	How being treated by your partner ever pressure or pushes you to have sex when you don't want to?	If your partner ever pressure or pushes you to have sex when you don't want to?	How your partner would react if they found out why you were in clinic?	How your partner would react if they found out why you were in clinic?	How to help a friend who is in an unhealthy relationship?
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	No	No	No	No	No	No	No	No	No	No	No
6	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know
7											
8											
9											
10											
11											
12											
13											
14											

QA/QI tool

Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse

APPENDIX B: UPDATED 2014

Adolescent Health Programs
Adolescent Relationship Abuse and Sexual and Reproductive Coercion
Quality Assessment/Quality Improvement Tool

The following quality assessment tool is intended to provide adolescent health program managers with some guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to adolescent relationship abuse (ARA) and reproductive and sexual coercion (RSC) within their programs. The information is to be used as a benchmark for each program to engage in quality improvement efforts.

We hope that this tool will help provide guidance on how to enhance your program to respond to adolescent relationship abuse and reproductive and sexual coercion.

Program: _____
 Date: ___/___/___
 Complete by (title only): _____

Protocols	Response			
	Yes	No	N/A	Don't Know
Does your program provide universal education and anticipatory guidance on healthy relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program have a written protocol for assessment and response to:				
Adolescent relationship abuse (ARA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive and sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program provide direct assessment for reproductive and sexual coercion (RSC) during:				
Birth control counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI/HIV visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraception visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program provide direct assessment for adolescent relationship abuse (ARA) during:				
a visit addressing alcohol or other drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a visit addressing depression or suicidality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Cards, Pregnancy Wheels, Posters and Clinical Guidelines

The collage features several resources:

- Reproductive Health and Partner Violence Guide:** An integrated response to violence and reproductive health, Second Edition.
- Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse:** An integrated approach to prevention and response.
- Did you know...:** A pregnancy wheel with a central '911' and '911' text, surrounded by various safety and health information.
- Hanging Out or Hooking Up?:** A poster with a photo of a group of friends and text asking 'Do you know your relationship affects your health?' and providing contact information for Futures Without Violence.
- Did You Know Your Relationship Affects Your Health?:** A safety card with a photo of a woman and text asking 'Do you know your relationship affects your health?' and providing contact information for Futures Without Violence.

FUTURES WITHOUT VIOLENCE

49

Technical Assistance

For questions about how to introduce and facilitate training vignettes and for other free technical assistance and tools including:

- Posters
- Safety cards
- Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse

Visit: www.FuturesWithoutViolence.org/health

Call: **415 678-5500**

Email: health@FuturesWithoutViolence.org

FUTURES
WITHOUT VIOLENCE

50



Rebecca Dick, MS
Children's Hospital of Pittsburgh of UPMC
412-692-6581
rebecca.dick@chp.edu

Virginia Duplessis, MSW
Futures Without Violence
415-648-5610
vduplessis@futureswithoutviolence.org



References

Banyard VL, Cross C. (2008). Consequences of Teen Dating Violence: Understanding Intervening Variable in Ecological Context. *Violence Against Women*, 14(9):998-1013.

Black BM, Tolman RM, Callahan M, Saunders DG, Weisz AN. (2008). When will adolescents tell someone about dating violence victimization? *Violence Against Women*, 14(7): 741-758.

Champion H, Foley KL, Sigmon-Smith K, Sutfin EL, DuRant RH. (2008). Contextual Factors and Health Risk Behaviors Associated with Date Fighting among High School Students. *Women & Health*, 47(3):1-22.

Dick RN, McCauley HL, Jones KA, Tancredi DJ, Goldstein S, Blackburn S, Monasterio E, James L, Silverman JG, Miller E. (2014). Cyber dating abuse among teens using school-based health centers. *Pediatrics*, 134(6): e1560-7.

Foshee VA, Bauman KE, Greene WF, Koch GG, Linder GF, MacDougall JE. (2000) The Safe Dates program: 1-year follow-up results. *American Journal of Public Health*, 90(10):1619-22.

Goldstein AL, Walton MA, Cunningham RM, Resko SM, Duan L. (2009). Correlates of Gambling Among Youth in an Inner-city Emergency Department. *Psychology of Addictive Behaviors*, 23(1):113-121.

Miller E, Goldstein S, McCauley HL, Jones KA, Dick RN, Jetton J, Silverman JG, Blackburn S, Monasterio E, James L, Tancredi DJ. (2015). A school health center intervention for abusive adolescent relationships: a cluster RCT. *Pediatrics*, 135(1): 76-85.

